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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS**

INDICATION FORM

Application Number	10/652,449			
Filing Date	08/29/03			
First Named Inventor	Minas Tanielian			
Title	Solid State Thermal Engine			
Art Unit	2834			
Examiner Name	Karl I. Tamai			
Attorney Docket Number	03-0120 (formerly BO1-0257US)			

I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name Registration Number Name Name Registration Number Name Registration Number Name Registration Number Number Name Registration Number Number Number Name Naddress associated with the above-mentioned Customer Number: OR Name Na	I hereby revoke all previous powers of attorney given in the above-identified application.									
Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name Registration Number Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR City State Email Lam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record			, ,			''				
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Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR City State Zip Country Telephone Email Lam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record	l	OR	L							
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Name John R. Rafter Telephone 562-797-9012			1 / m d m = 1 2 m	<u> </u>				<u> </u>		
Title and Company Assistant Secretary										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one Signature is required, see below*.										
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